



ARKANSAS INSURANCE DEPARTMENT/PREPAID FUNERAL BENEFITS DIVISION

ANNUAL REPORT OF ANNUITY-FUNDED PREPAID FUNERAL BENEFITS CONTRACTS

Activity for the Period: January 1, 2015 - December 31, 2015

Deadline for Receipt by the Prepaid Funeral Benefits Division is March 15, 2016

In accordance with Arkansas Code Annotated (A.C.A.) § 23-40-119 (a) - (c)

No cash, please. Check or money order should be made payable to the "State Insurance Department Prepaid Trust Fund." (See Page 3 of 4 for the Annual Report Fee Schedule)

Licensee/Funeral Home Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street No., Street Name, Apt/Suite No., or P.O. Box

City, State, ZIP Code

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Physical Location of Books & Records (if different from Mailing Address listed above):

Street No., Street Name, Apt/Suite No., or P.O. Box, City, State, ZIP Code

Supervisor of Books & Records: \_\_\_\_\_

Contact Phone (if different from Business Phone listed above): \_\_\_\_\_

Licensee/Funeral Home Contact E-Mail Address: \_\_\_\_\_

IMPORTANT: REQUIRED DOCUMENTATION/REPORTING TO SUPPORT IN-FORCE TOTALS

To validate the reported in-force totals (as of the period end referenced above), attach to this report (as "Exhibit A") a licensee/funeral home-generated report that contains the following data elements/information: (1) Contract Date, (2) Contract Number (if applicable), (3) Gross Contract Amount/Total, (4) Assignable Benefits (if applicable), (5) Net Contract Amount/Total (which should be the amount of the insurance policy collateralizing the pre-need contract), (6) Insurance Policy Number, and (7) Insurance Policy Issue Date. This should be separated by insurance company/third party administrator (if there are multiple funding sources) and should reflect only those OUTSTANDING and UNFULFILLED prepaid funeral benefits contracts that were ACTIVE as of year end. If the insurance companies/third party administrators that maintain these annuity policies provide a year-end in-force report to the licensee/funeral home, a complete copy of that in-force report should be provided as well (for cross-checking purposes).

FOR ARKANSAS INSURANCE DEPARTMENT USE ONLY [RECEIVED STAMP & ADMIN PENALTY/LATE FEE ASSESSED, IF ANY]

MAIL TO:

ARKANSAS INSURANCE DEPARTMENT 1200 WEST THIRD STREET LITTLE ROCK, AR 72201-1904 ATTN: PREPAID FUNERAL BENEFITS DIVISION

QUESTIONS/INQUIRIES: michelle.fahey@arkansas.gov PHONE: (501) 371-2683 | FAX: (501) 371-2747



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AFFIDAVIT OF SELLER

BEFORE ME, the undersigned authority, on this day personally appeared [Authorized Representative Name (Affiant 1)], an authorized representative, and [Authorized Representative Name (Affiant 2) (if needed)], an authorized representative, of [Licensee/Funeral Home Name (Seller)], and being by me duly sworn on oath did depose and say, each for himself/herself that each of the Affiant(s) has read the above and foregoing Annual Report and the related prepaid funeral benefits contracts of said Seller, that each knows the contents thereof, and that the facts set forth therein are known by each of the said Affiant(s) to be in all things true and correct, to the best of his/her/their knowledge.

Authorized Representative Signature (Affiant 1)

Authorized Representative Signature (Affiant 2) (if needed)



NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed to and sworn or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE



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ANNUAL REPORT FEE SCHEDULE

Per Arkansas Code Annotated (A.C.A.) § 23-40-119 (c), the annual report fee shall be based on the total amount of aggregate contracts for prepaid funeral benefits outstanding and unfulfilled as of December 31st of each year and shall be payable at the time the annual report is filed.

Per A.C.A. § 23-40-119 (c)(2), the fee shall be based on the following schedule and shall be payable to the State Insurance Department Prepaid Trust Fund:

Table with 2 columns: AGGREGATE (COMBINED) TOTAL OF OUTSTANDING & UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS IN ARKANSAS ONLY AS OF DECEMBER 31 and ANNUAL REPORT FEE DUE TO THE STATE OF ARKANSAS/ARKANSAS INSURANCE DEPT. Rows include fee amounts from \$200.00 to \$6,000.00 based on contract value ranges.

IMPORTANT: CALCULATING THE TOTAL OUTSTANDING/UNFULFILLED PREPAID FUNERAL BENEFITS CONTRACTS AMOUNT TO DETERMINE THE ANNUAL REPORT FEE DUE

The annual report fee due is determined by aggregating (combining) the GROSS CONTRACT AMOUNTS of all outstanding/unfulfilled prepaid funeral benefits contracts that were "active" as of December 31st of the year in review. This includes all "active" contracts, regardless of funding type: cash-funded (trust), insurance-funded, and annuity-funded.

Please pay only the Annual Report Fee when submitting this report. No cash, please. Check or money order should be made payable to the "State Insurance Department Prepaid Trust Fund." [A.C.A. § 23-40-119 (c)(2)]



**ANNUAL REPORT OF ANNUITY-FUNDED  
PREPAID FUNERAL BENEFITS CONTRACTS**

Activity for the Period: **January 1, 2015 - December 31, 2015**

**INSURANCE COMPANIES/THIRD PARTY ADMINISTRATORS**

As of December 31st of the year in review, the licensee's/funeral home's records indicate that the following insurance companies/third party administrators (TPAs), whether domestic or foreign, have issued or are administering annuity policies that fund its prepaid funeral benefits contracts:

**INSURANCE CO./TPA NAME**

**MAILING ADDRESS/CONTACT PHONE NO.**

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If there are insurance companies/TPAs than cannot be listed in the spaces above, please include additional listings on a separate sheet. **IMPORTANT:** Please identify your primary/current funding source with an asterisk (\*) next to the name.

**ANNUITY-FUNDED CONTRACTS: IN-FORCE ROLL-FORWARD**

LICENSEE/FUNERAL HOME IN-FORCE DESCRIPTION	A. COUNT (#)	B. GROSS CONTRACT SALES PRICE (\$)	C. PROCEEDS PAID/CASH SURRENDER VALUE (\$)
1. Total of all outstanding/unfulfilled annuity-funded contracts as of December 31, 2014	_____	_____	_____
2. Adjustments to 2014 Annual Report <sup>†</sup> (+ or -)	_____	_____	_____
3. Total of <b>ALL NEW SALES</b> for the calendar year 2015 (+)	_____	_____	_____
4. Total of Collections for <b>PRIOR YEARS' SALES</b> during the calendar year 2015	_____	NOT APPLICABLE	_____
5. Gross Contracts Total of <b>ALL TERMINATED CONTRACTS</b> (due to Death, Cancellation, Outgoing Transfer) in 2015 (-)	(_____)	(_____)	(_____)
6. Total of all outstanding/unfulfilled annuity-funded contracts as of <b>December 31, 2015</b>	_____	_____	_____

**NOTE:** Add the total for (1), (2), (3), and (4) and then subtract the total for (5) to get the **year-end in-force total (6)**. If the adjustment reflected under (2) is a negative adjustment to the prior year's total, then subtract the total from (2). The total reported under (6) should balance back to the total reflected on the attached "Exhibit A" from the licensee/funeral home.

**CROSS-CHECK:**

	B.	C.
7. Annuity-Funded Prepaid Contracts "Ultimate" Amount(s) Due as of December 31, 2015	NOT APPLICABLE	_____
8. <u>Assignable Benefits</u> credited toward outstanding/unfulfilled annuity-funded contracts (other pledged policies, burial association policies, credits, etc.)	NOT APPLICABLE	_____
9. <b>Active Contracts Amount as of December 31, 2015</b> (Total [(7) + (8)])	_____	_____

Provide a detailed explanation on additional sheet(s) if the totals in Column **9B** and **9C** do not agree.

<sup>†</sup> Explanation of Adjustments to 2014 Annual Report (No. 2 above):